

INFORMED CONSENT TO TREATMENT AND PRIVACY OF MENTAL HEALTH INFORMATION

Behavioral health services are provided by personnel with varying backgrounds. They include psychologists, psychiatrists, psychiatric nurses, social workers, counselors and other behavioral health practitioners. Your service provider should identify his or her professional status and clarify with you the nature of this, the individual providing supervision, and discuss any concerns you may have regarding your care. Your case may be discussed in case supervision, case conference or other departmental training sessions.

Everyone working within the mental health services wants to protect the privacy of the information disclosed by patients. However, there are certain limitations placed on privacy within this system. Patient appointments are maintained on the Composite Health Care System (CHCS) which is accessible to other health care providers and scheduling personnel. Strict regulations prohibit providers from looking at those records unless they are directly involved in your care. Portions of your record may be maintained on an electronic record and database system. Summary reports of portions of your records may be provided to TRICARE service representatives for authorization of care and utilization management. Your records are the property of the government and are maintained in accordance with military regulations.

If this is an electronic health (e-health) session, case information, video and audio information may be transmitted via the internet and/or phone lines. E-health records are maintained at the site of the provider IAW procedures in place at that site. You may gain access to your records through contact with the provider, Patient Administration, or IAW the Freedom of Information Act. You may speak with the provider who scheduled you for this session to identify alternatives to an e-health session.

In most cases, when patient information needs to be disclosed, the patient's permission is obtained before disclosure. There are, however, circumstances when disclosure can occur without the patient's prior consent. These include disclosure as permitted by the Federal Privacy Act, by law, by regulation, by judicial proceedings, by Medical Quality Assurance review and by standards of ethical professional practice. The following are typical, but not exhaustive, examples of situations and circumstances under which information may be disclosed without prior consent:

1. If a provider believes you may harm yourself or someone else, it may be the duty of that provider to disclose that information for protection of the endangered person(s).
2. In situations of suspected child, spouse, or elder abuse, it is the duty of the provider to notify medical, legal, or other authorities.
3. If you are involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court. Under the Uniform Code of Military Justice, behavioral health providers have a limited "privileged communication" that may prevent your records from being disclosed in legal proceedings. If you have any concerns related to this please contact an attorney.
4. Another member of the military medical system who is providing care to you and has a legitimate need for access to information in order to provide safe and competent care may be permitted access without your consent.
5. Active duty personnel may have their leadership chain contacted to provide information in certain situations. Examples include: if the consultation is initiated by a "command directed referral", if legitimately needed for a line of duty investigation, or if you fall under the nuclear surety program.
6. Qualified persons may be permitted access to your record as part of professional quality assurance review procedures. Any information disclosed by the reviewer conceals the identity of the patient.

If you were referred by your commander or supervisor you may have additional rights regarding notification and consent to this evaluation IAW DoD Directive 6490.4.

If this is a command directed referral, or you believe it might be, you must notify your provider prior to being seen.

STATEMENT OF UNDERSTANDING

I have read the above and understand the nature of service providers and the limits of confidentiality outlined above and in the Privacy Act Statement.

Patient Signature

Sponsor's SSN

Date

SERVICE PROVIDER'S STATEMENT

I have inquired to insure that the patient understood the above description of the limits on confidentiality and informed the patient if I am under supervision and by whom.

Health Provider's Signature

Date